

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CM</i>	67810	7/16/10
O.I.P.E. CLASSIFIER	<i>EIN</i>	11	7/16/10
FORMALITY REVIEW		69833	8/24/10
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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50	7/16/10

Claim	Date
Final	
Original	
51	
52	
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57	
58	
59	
60	✓
61	✓
62	✓
63	✓
64	✓
65	✓
66	✓
67	✓
68	✓
69	✓
70	✓
71	✓
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80	✓
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85	✓
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87	✓
88	✓
89	✓
90	✓
91	✓
92	✓
93	✓
94	✓
95	✓
96	✓
97	✓
98	✓
99	✓
100	✓

Claim	Date
Final	
Original	
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
108	✓
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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